



# WINNETKA ENDODONTICS

## REFERRAL SLIP

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WINNETKAENDODONTICS.COM

Date \_\_\_\_\_

Introducing \_\_\_\_\_

Referred by Dr. \_\_\_\_\_

### TOOTH

R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

**COMPOSITE CORE BUILD-UP**    YES    NO    (please circle)

**POST ROOM**    YES    NO    (please circle)

REMARKS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### PATIENTS:

1. Please bring this referral slip with you the day of your appointment.
2. If you are taking any medications, please bring their names with you. The names are usually printed on the prescription bottle.
3. If you have dental insurance, please bring your card with you on the day of your appointment.

**Payment is expected at the time of service  
unless prior arrangements are made.**

